

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		3		1		
19		3		1		
20		3		1		
21	1	3	1	1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
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40	1					
41	1					
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48						
49						
50						
TOTAL IND.			↓	4	↓	↓
TOTAL DEP.			←	35	←	←
TOTAL CLAIMS			39	39	39	39

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS			39	39	39	39